



**ILLINOIS STATE TREASURER'S
OPPORTUNITY ILLINOIS: Disaster Recovery
PROGRAM APPLICATION**

ONE YEAR BRIDGE LOAN

The undersigned (Borrower) hereby requests _____ (loan amount) from _____ (Financial Institution) of _____ (city) under the State Treasurer's 2008 Disaster Recovery Loan Deposit Program. Borrower acknowledges that funds shall be used for costs related to disaster recovery in Illinois in 2008. Borrower certifies that he or she **HAS THE PROPER INSURANCE COVERAGE** to eventually pay for the costs caused by the disaster. Borrower further acknowledges that he or she is not a director, officer or employee (or spouse thereof) of the financial institution making the loan. The borrower certifies that all of the representations made in the application are true and correct.

BORROWER INFORMATION:

Borrower's Name: _____ Social Security #: _____
Address: _____
City, State, Zip: _____ County: _____
Phone Number: _____ E-mail Address: _____
Disaster Declaration Date: _____
How did you hear about our program? _____

Name of Insurance Company: _____
Insurance Co. Phone Number: _____ Policy #: _____

Reason for Loan (home repair, business repair, medical expenses, etc.):

Estimated costs and expenses (Borrower must provide estimates and quotes to support amount): \$ _____

Borrower's Signature: _____ Date: _____

FINANCIAL INSTITUTION INFORMATION:

Financial Institution's Name: _____
Address: _____
City, State, Zip: _____
Loan Officer: _____
Phone Number: _____ Fax Number: _____ E-mail Address: _____

Please return the completed application to:
Illinois State Treasurer Alexi Giannoulis
Banking Division
300 West Jefferson Street
Springfield, Illinois 62702
Phone: (217) 782-2072 • Fax: (217) 522-1217
www.treasurer.il.gov